

APPLICATION FOR LICENSURE - ATTACHMENT FORM

NAME: _____

(Circle One)

1. a. This is the first time I have submitted an application for licensure in Maryland. Yes
No
- b. I have previously submitted an application for licensure in Maryland. Yes
No

IF THE ANSWER TO 1b IS YES:

- c. My most recent application for licensure was submitted in _____.
Month and Year
- d. My most recent application for licensure was denied because:
- (1) The application was incomplete. Yes
No
- (2) I failed the EPPP or national examination. Yes
No
- (3) I failed the Maryland examination. Yes
No
- (4) Other reason (explain): _____.
2. I earned a doctoral degree from: _____.
3. The specific name of the doctoral degree program was: _____.
4. My doctoral degree in psychology was awarded on _____, **and** this is the date that is listed on the academic transcript of my doctoral studies. **(See the cover letter accompanying the application materials.)**
5. a. At the time my doctoral degree was awarded, the academic program that I completed was a doctoral program in psychology accredited by the American Psychological Association (APA); **or** Yes
No
- b. At the time my doctoral degree was awarded, the academic program that I completed was listed in the designated doctoral programs in psychology published by The

Association of State and Provincial Psychology Boards (ASPPB), and The Council
for the National Register of Health Service Providers in Psychology (CNRHSPP). Yes No

IF THE ANSWERS TO 5a AND 5b ARE BOTH NO:

- c. I submitted my academic credentials for review by the CNRHSPP on: _____.
(Contact the Board's Licensing Coordinator if you have not yet submitted your
credentials.)

You are not qualified to become licensed as a psychologist in Maryland if:

- (1) the answers to 5a and 5b are both no.
 - (2) you do not have a doctoral degree in psychology, OR
 - (3) you have a doctoral degree in psychology, the answers to 5a and 5b are both no, and you did not
have your academic credentials reviewed by the CNRHSPP and then approved by the Board.
6. The two years of professional experience that I am submitting as qualifying experience¹ are (you must
show no less than 24 calendar months, see the cover letter and Board Regulations, Title 10, Subtitle 36,
Chapter 01, Section .04 accompanying this application):

First Year of Professional psychological Experience (pre-doctoral or postdoctoral)

<u>Institution, Employer, Pre-doctoral Internship, or Other Position Description</u>	<u>Name of Psychologist Supervising Your Work</u>	<u>Length of Experience</u> ²
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Second Year of Professional Psychological Experience (postdoctoral only)

<u>Institution, Employer, Postdoctoral</u>	<u>Name of Psychologist</u>	<u>Length of</u>
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¹Your answers to Question 6 supplement but do not replace the description of all your professional
experience on page 2 of the Application. Either here or on page 2, if not evident from the type of position
you held, you should make it clear that your professional experience was unequivocally psychological in
nature.

²For full-time experience, defined as a minimum of 35 hours per week or 1750 hours per year,
express the length of your experience in calendar years or calendar months. For part-time experience,
express the length of your experience in actual hours worked. Remember, you cannot earn more than 1
calendar month's experience in one month, i.e., working weekends or long hours in addition to a 35-40 hour
work week counts only as full-time experience for the months worked.

<u>Training, or Other Position Description</u>	<u>Supervising Your Work</u>	<u>Experience³</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

List the following dates applicable to your supervised postdoctoral experience:

Date doctoral degree was awarded (see Question 4):

Beginning date of your postdoctoral experience:

Ending date of your postdoctoral experience:

7. I am licensed or certified to practice psychology in another state, territory, or the District of Columbia.

Yes
No

IF THE ANSWER TO 7 IS YES:

State or jurisdiction where licensed: _____.

License or certification #: _____.

Expiration date of current license: _____.

8. a. I am licensed or certified to practice psychology in another state or jurisdiction, and I meet the education and experience qualifications for licensure in Maryland.

Yes
No

IF THE ANSWER TO 8a IS YES:

- b. Once I have been informed that my application for licensure has been approved

³ **DO NOT SHOW HERE** any "postdoctoral work" that began before the day following the date your doctoral degree was awarded, as listed on your transcript (see the cover letter accompanying the application).

by the Maryland Board of Examiners of Psychologists, **I intend to practice psychology in Maryland temporarily by virtue of being licensed elsewhere to practice psychology** (see Maryland Laws and Regulations, Title 18, Section 301(b)(5), and Title 10, Subtitle 36, Chapter 01, Section .06). I understand that this is a temporary exception to the licensure requirement that is revoked when I am notified of my examination results and Maryland licensure status.

Yes

No

IF THE ANSWER TO 8b IS YES:

- c. I have recently become a resident of the State of Maryland, or I will soon be moving to the State of Maryland.

Yes

No

Date you established or intend to establish residence in Maryland: _____.

Maryland address where you reside or where you intend to reside:

You cannot practice psychology in Maryland temporarily under the limited reciprocity exception to licensure unless all of the answers to questions 7 and 8 are “yes” and the Board notifies you that your application for licensure has been accepted.